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PTO/SB/21/(05-03)

FEB 0 9 2006TRANSMITTAL FORM (10 be used for all correspondence after initial filling)			Application Number	10/809,777
			Filing Date	March 24, 2004
			First Named Inventor	MUCKE, LENNART
			Group Art Unit	1632
(to be used for all correspondence after initial filing)			Examiner Name	MONTANARI, DAVID A.
Total Number of Pages in This Submission		Attorney Docket Number	UCAL-280	
ENCLOSURES (check all that apply)				
Fee Transmittal Form Form PTO-2038 Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application		Continue Continue	ing-related Papers n to Convert to a onal Application of Attorney, Revocation e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): 1) Return Postcard
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Signing Attorney/Agent (Reg. No.) PAULA A. BORDEN, 42,344 BOZICEVIC, FIELD FRANCIS, I			_	
Signature	Sauce	2		
Date February 9, 2006				

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwor no persons are required to respond to a collection of information unless it displays a valid OMB control number EROLINA 60 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 10/809,777 FEE TRANSMITTAL March 24, 2004 Filing Date First Named Inventor **MUCKE, LENNART** For FY 2005 MONTANARI, DAVID A. **Examiner Name** igwedge Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1632 TOTAL AMOUNT OF PAYMENT (\$) 910.00 Attorney Docket No. **UCAL-280** METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): _ Deposit Account Deposit Account Number: 50-0815 Deposit Account Name: Bozicevic, Field and Francis LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 250 Reissue 300 500 150 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) - 20 or HP = 25 200.00 Fee (\$) Fee Paid (\$) 8 HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) 2 100 200.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: 3-Month Extension of Time 510.00

SUBMITTED BY Registration No. Signature Telephone (650) 327-3400 (Attorney/Agent) Name (Print/Type) Paula A. Borden Date 02/09/2006

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